

ISSUE SLIP STAPLE AREA (for additional cross references)

09/87/6567

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	46		6-12-01
CLIP CLASSIFIER	46		6-22-01
FORMALTY REVIEW	A.T.	1031	08/01/01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

* _____ Rejected
 * _____ Allowed
 * (Through account) _____ Contested
 * _____ Restricted
 M _____
 I _____
 A _____
 O _____

SECRET AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1	09/01/01	1	09/01/01	1	09/01/01
2	09/01/01	2	09/01/01	2	09/01/01
3	09/01/01	3	09/01/01	3	09/01/01
4	09/01/01	4	09/01/01	4	09/01/01
5	09/01/01	5	09/01/01	5	09/01/01
6	09/01/01	6	09/01/01	6	09/01/01
7	09/01/01	7	09/01/01	7	09/01/01
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10	09/01/01	10	09/01/01	10	09/01/01
11	09/01/01	11	09/01/01	11	09/01/01
12	09/01/01	12	09/01/01	12	09/01/01
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97	09/01/01	97	09/01/01	97	09/01/01
98	09/01/01	98	09/01/01	98	09/01/01
99	09/01/01	99	09/01/01	99	09/01/01
100	09/01/01	100	09/01/01	100	09/01/01

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

09/01/01